	PATEN)RD		09	17.	229	191					
				S FILED - PART I (Column 1) (Co			SMAL TYPE		ALILA 	OR		THAN EN TITY
	TOTAL CLAIM	IS						re	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	7 70.00
	OTAL CHARG	m	minus 20=			×s	9=		OR	X\$18=		
IJ	DEPENDENT	minus 3 =		*		X43	}=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+14	5=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column						column 2	TOT	AI.		OR	TOTAL	
	CLAIMS AS AMENDED - PART II								MTITY	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OTHER SMALL	
IT	Τ	(Column 1) CLAIMS		(Colon					LENTITY	OR I	SMALL	
AMENDMENT		HEMAINING AFTER AMENOMENT		PREVIO PAID F	USEY	FRESUR CRIRA	RAT	ξ	MUDI TIONAL FEE		RATE	ADDI TIONAL FEE
NON	Total	. 20	Minus	-2	<u>ව</u>	3	XS 9	=		OR	XS18=	
AME	Independent	ENTATION OF M	Minus	PENDENT	3 CLAIM		,X43-		43	OR	X86=	,
<u> </u>				CHOCK	CCAIN		+145	=		OR	+290=	- "
									43	OR	TOTAL ADDIT FEE	
,		(Column 1)	·	(Colum		(Column 3)				_		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USL+	RESENT EXTRA	RAT		ADDI FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.10	Minus .	" De	>		XS 9			UR	X\$18=	
AME	Inospendent	· 2	Minus			= }	X43			OR	X86=	
	PIRST PRESE	ENTATION OF ME	JEHPLE DEI	PENDENT	CLAIM		+145	_		OR	+290≈	
						•	TO ADDIT F			OR:	TOTAL ADDIT FEE	1
		(Column 1)		(Colum		(Column 3)	ACIDIT 1		•			. 7
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL ' PAID FO	ER JSLY .	PRESENT EXTRA	RATI		AUDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	4-9		=	X\$ 9			OR	X\$18=	•
AME	Independent	*	Minus	444		=	X<3:	+		OR	X86=	
l	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 [+290=	
• (f	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
11	ne "Highest Num	ber Previously Pald	For" (Total or	Independent	() is (he l	nighesi number	lound in the	appro	opriale box	in coli	πα 1	

FORM PTO-875 (Rev 10/03)

Palent and Trademark CHICS, U.S. DEPARTMENT OF COMMERCE

Application or Docker Number